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				Complete if Known				
Substitute for form 1449A/PTO				Application Number	10/716,984			
18	ICODMATION DISCI	OCI	IDE	Filing Date	11/18/2003			
INFORMATION DISCLOSURE				First Named Inventor	Driscoll			
STATEMENT BY APPLICANT (Use as many sheets as necessary)				Art Unit	2113			
				Examiner Name	Maskulinski, Michael C.			
Sheet	1	of	1	Attorney Docket Number	H25334-01-5833			

	•		U.S	. PATENT	OCUMENT	S			
Examiner nitials*	er Cite No. 1 Number - Kind Code ^{2 (if known)}		Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No.	Foreign Patent Documer Country Code ³ - Number ⁴ - Kin		Publication Date MM- DD-YYYY		Name of Patentee or Applicant of Cited Document		Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Т
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Examine Signatur		/Michael Maskuli					Date Considered	05/08/2006	<u> </u>

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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